MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830036 APPLICANT(S)

FILING DATE

CLAIMS

	ASE	ILED	AF	TER	AF	TER
	IND.	,		NDMENT	2nd AMENDMENT	
1	1	DEP.	IND.	DEP.	IND.	DEP.
2					<u> </u>	
				 	<u> </u>	
3 4		 	·	 _		
	<u> </u>				<u> </u>	
5	$\vdash\vdash$			 		
<u>6</u> 7		 		 		
8					<u> </u>	
9	- , -	<u> </u>				
10					 -	
11	 -	 		 	<u> </u>	
12	 			 	├	
		14	<u> </u>	├ ──	<u> </u>	ļ
13		11.	 -	 	ļ	
	 	14.		 	 	
15		1 !!		 	ļ	
16	 	┼┼	ļ			
17	 		 		 	ļ
18 19	 	 	 	 	 	
20	├	 	 	 	 	
21	 	-		 	 	
22	 	+	├──	+	 	
23	┧──	 	 		 	
24	┼	 	 	 		
25	┼──	┼	 	+		
26	+	 		+	 	
27	+	 	┼──	-	-	
28	_		 	+	╂	-
29	 	 	 	+	 	
30	1			+	+	
31	 	_	 	 	+	+
32	 		+	+	┼	┼
33	1	+	┼──		+	+
34	+-		 	 	+	╅╸┈╴
35	1		 	 	 _	+
36	 	+-	+	+	+	+
37	 	+	 	 	+	
38	1	+	 	+	 	+
39	+	 	1	+	 	+
40	+		+	+		+
41	+	 	+	+	+	+
42	+	 	 	+	+	+
43	 	+	+	 	+	
44	+	- 	 	+	+	
45	-	. 	 	 		
45	+	-	┼			-
47		 	 -			-
47	+	+	 	 		-
-		+	 			
49 50	+	 		+		
TOTAL	+	+		 		
IND,	_I	J ↓		_ ↓ ↓		1
TOTAL DEP.	72	J 🖛		_ 🖚		—
TOTAL	. गर्व					100 mg

	*	 -	, *		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
_53			,			
54						
55						
56						
57		<u> </u>				
58						
59						
60 61						
62						
63						
			ļ			
64			<u> </u>			
65						
66 67	·			· .		
68			<u> </u>		<u> </u>	
		 	 	 		
69 70		 	<u> </u>			
71		 	<u> </u>	<u> </u>	ļ	
72		 		├		<u> </u>
73			 -	 		<u> </u>
74		 			<u> </u>	
75	 	 		_	ļ	
76	 	 	 :	<u> </u>		·
77	<u> </u>	 	 	 		
78		 	 	 		├──
79		 	 	 		
80		 -	 		 	
81	 	1		 	 -	
82		 				
83		 	 		 	
84		1	 	 		
85		 -		†		
88		1		 	 	
87		T	ļ ———	 	 	
88		1	1	 	 	
89		1	 		 	
90			 	1	 	
91		1	 	 	 	
92		1		 	 	
93			 	 	 -	
94		1	 	 	 	
95		1	 	†	 	
96		1	 	 		
97		 	 	 	 	
98		1	t	 	 	
99		1	 	 	 	
100	1	1.	 	 	 	
TOTAL	Ţ.		 	 	 	
IND.	 	J	 	J _₩ ₽		
TOTAL DEP.	 	E4024 030				
TOTAL CLAIMS	<u> </u>	Santa Santa		7.72	·	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campball National Stage Processing (703) 305-3831